

Steven L. Beshear Governor

## **ENVIRONMENTAL AND PUBLIC PROTECTION CABINET**

Robert D. Vance Secretary

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION OF WATER 14 REILLY ROAD FRANKFORT, KENTUCKY 40601 www.kentucky.gov

February 29, 2008

Eddie Mofford Brooksville WWTP PO Box 216 Brooksville, KY 41001

Re: KPDES Application Complete

KPDES No.: KY0025232 Brooksville WWTP

AI ID: 391

Activity ID: APE20070001 Bracken County, Kentucky

Dear Mr. Mofford,

Your revised Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on December 26, 2007. A completeness review of your permit application has been conducted. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. In accordance with 401 KAR 5:075, Section 1(7) you are being provided written notification that your application has been deemed complete as of the date of this letter.

If you have any questions concerning this matter, please call me at (502) 564-8158, extension 652.

Sincerely,

Allen Ingram II

Environmental Engineer Assistant I

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KPDES Branch Division of Water

ALI Enclosures

c: Division of Water Files





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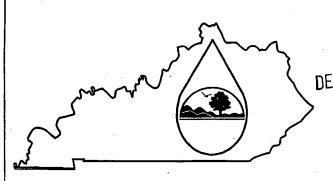
KPDES Branch Division of Water

ALI Enclosures

c: Division of Water Files



# **KPDES FORM 1**



# KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

DEC 2.6 1007

	PERMIT APPLICATION
This is an application to: (check one)	A complete application consists of this form and one of the
	following:
Apply for reissuance of expiring permit.  Apply for a construction permit.	Form A, Form B, Form C, Form F, or Short Form C
	For additional information contact:
, , , , , , , , , , , , , , , , , ,	KPDES Branch (502) 564-3410
र पुरस्कित <mark>प्रदेश के कार्यन के प्रदेश के अक्त</mark> र के प्रदेश के प्रदेश कर का कार्य के दिल्ली के प्रदेश के हैं।	AGENCY
I. FACILITY LOCATION AND CONTACT INFORMATION	USE 00075 232
A. Name of business, municipality, company, etc. requesting permit	
	F BROOKSYILLE
B. Facility Name and Location	C. Facility Owner/Mailing Address
Facility Location Name:	Owner Name:
BROOKSVILLE VITILITY	CITY DE PRRAKTSVILLE
PROOKS VILLE ILLITY Facility Location Address (i.e. street, road, etc.):	CITY OF TSROOKSVILLE  Mailing Street:
Ky 19 NORTH 14 MILE Facility Location City, State, Zip Code:	P. o Bay 216  Mailing City, State, Zip Code:
Facility Location City, State, Zip Code:	Mailing City, State, Zip Code:
BROOKSVILLE, KY 41004	BROOKS VILLE, Ky. 41009 Telephone Number: 606-735-2501
	Telephone Number:
	000-139-2301
II. FACILITY DESCRIPTION	
A. Provide a brief description of activities, products, etc:	
7x. Trovide a orier description of activities, products, etc.	
SAWITARY SEWEF  B. Standard Industrial Classification (SIC) Code and Description	PLANT
B. Standard Industrial Classification (SIC) Code and Description	
Principal \$IC Code &	
Description	
Other SIC Codes:	•
<u></u>	<del></del>
III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the	he site. (See Instructions)
	City where facility is located (if applicable):
C. Body of water receiving discharge:	
	REEK
D. Facility Site Latitude (degrees, minutes, seconds):	Facility Site Longitude (degrees, minutes, seconds):
38° 41' 16''	S4 <sup>3</sup> A3' 3'."
JO 41 (16	41 03 30
E. Method used to obtain latitude & longitude (see instructions):	Topo MAP
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	N/A

IV. OWNER/OPERATOR INFORMATION	ON		
A. Type of Ownership: Publicly Owned Privately Owne		Both Public and Priv	ate Owned  Federally owned
B. Operator Contact Information (See instru			
Name of Treatment Plant Operator:		Telephone Number:	
JEFF IVIO	FFORd	600	6-735-2501
Operator Mailing Address (Street):  Po Bay	216	BROOKSVILLE	Ku #1004
Operator Mailing Address (City State Zin Code):			f yes, list certification class and number below.
POBIN	(216	DROOKSYILLE	7,1009
Is the operator also the owner?		Is the operator certified?	if yes, list certification class and number below.
Yes No No		Certification Number:	] 07//0
Certification Class:			04796
CLASS IL			0 / / / @
V. EXISTING ENVIRONMENTAL PER	MITS		
Current NPDES Number:	Issue Date of Current Pe	ermit:	Expiration Date of Current Permit:
U. and CARA	h m4	- 1004	4-30-2008
Number of Times Permit Reissued:	2-04- Date of Original Permit	Iccuance.	4-30-2008 Sludge Disposal Permit Number:
Number of Times Permit Reissued:	1		NA
	5-9-1	·	10/14
Kentucky DOW Operational Permit #:	Kentucky DSMRE Perm	nit Number(s):	
C. Which of the following additional enviro	onmental permit/regis	tration categories will al	so apply to this facility?
			PERMIT NEEDED WITH
CATEGORY	EXISTING P	ERMIT WITH NO.	PLANNED APPLICATION DATE
	1/	10	
Air Emission Source	///	/ /4	
Solid or Special Waste	IV.	/A	
Hazardous Waste - Registration or Permit	N	/H	
			·
VI. DISCHARGE MONITORING REP	ORTS (DMRs)	D CIII.	1 l. l. l. (as defined by the VDDEC
KPDES permit holders are required to su	ibmit DMRs to the I	Division of Water on a	regular schedule (as defined by the KPDES
		entity the department, of	ffice or individual you designate as responsible
for submitting DMR forms to the Division	of Water.		
		<u> </u>	
	h.m.ittina TN /Da	BROOKSVI	ILE UTILITY
A. Name of department, office or official s	uomitting DIVIKS:	DAUDITON	LLE WILLIY
B. Address where DMR forms are to be se	nt (Complete only if	address is different from	mailing address in Section I.)
B. Address where DIVIK forms are to be se			
DMR Mailing Name:	Moloy o	& may IN	۷.
DMR Mailing Street:	Po Bay	1 M20y 1N 904 IVOEL 6NYILLE, K - 270-821	AVE.
DMR Mailing City, State, Zip Code:	MADIS	ONVILLE, K	42431
DMR Official Telephone Number:	/	- 270 - 821	-7375
L			

## **KPDES FORM 1 - INSTRUCTIONS**

Listed below are explanations of select Form 1 questions. If further information is needed concerning any question, please contact Division of Water, KPDES Branch at (502) 564-3410.

#### L Facility Location and Contact Information

- A. Use the official or legal name of the business, company, municipality, etc. requesting permit.
- B. The facility name should be the name by which the facility is commonly known and/or uniquely identified. The information given as the facility name and location address should be the <u>actual location</u> of the facility (i.e. road name, highway number, not the P O Box address).
- C. The facility owner/contact address should be the legal permittee of record and is the address where correspondence regarding the application, permit, etc. for the facility will be sent unless otherwise indicated.

#### **II. Facility Description**

- A. Briefly describe the nature of the business and the activities being conducted that require a KPDES permit.
- B. The SIC codes are numbers and descriptions of activities classified by the Executive Office of the President, Office of Management and Budget. These are found in the 1987 Edition of the Standard Industrial Classification (SIC) Manual. List the SIC codes(s) that best describe the products or services provided by the facility in descending order of importance. If an SIC code book is not available, please describe in detail the nature of the business and activities conducted so that an appropriate code can be assigned.

#### III. Facility Location

- A. Attach a U.S. Geological Survey (USGS), 7 1/2 minute topographic quadrangle map(s) extending at least one mile beyond the property boundary of the discharge source. Depict or mark the facility and each of its intake and discharge structures. Also mark the locations of those wells, springs, surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant within one-quarter mile of the facility property boundary. USGS maps may be obtained from the University of Kentucky, Mines and Minerals Bldg. Room 106, Lexington, Kentucky 40506. Phone: (859) 257-3896.
- B. List the county and, if applicable, city where facility is located.
- C. List the body of water receiving discharge.
- D. List the latitude and longitude for the facility site. The latitude/longitude reading for the site should be taken at the influent to the wastewater treatment plant, if applicable.
- E. List the method used to obtain the latitude and longitude (i.e. topo map coordinates, GPS reading, etc.)
- F. List the facility's Dun and Bradstreet Number if applicable.

#### IV. Owner/Operator Information

- A. Place a check in the applicable type ownership as listed.
- B. These sections must be completed by all municipal and sanitary wastewater applicants and other facilities as applicable.

List the name and address of the person who operates the sewage treatment plant.

Indicate if the operator is also the owner.

The operator must be currently certified with the Division of Water. For information concerning those requirements, contact: Division of Water, Certification Section, at (502) 564-3410.

List the Operator's Certification Class and Certification Number.

- V. List any existing environmental permits which the facility has or will be applying for.
- VI. List the address where Discharge Monitoring Report (DMR) forms are to be mailed.

#### VII. Application Filing Fee

The payment of a filing fee as listed below must accompany the application for a KPDES Permit. (Your check must be made payable to "Kentucky State Treasurer.") This fee will be applied toward the final discharge permit fee. The filing fee is not refundable if the application is withdrawn or the permit is denied. Listed below are the facility categories, associated base fees, and application filing fees. (See the "General Instructions" for definitions of facility categories.)

modelon mining room (boo are construct mining		
Facility Category	Base Fee	Application Filing Fee
Major Industry	\$3,200	\$640
Minor Industry	\$2,100	\$420
Non-Process Industry	\$1,000	\$200
Large Non-POTW	\$1,700	\$340
Intermediate Non-POTW	\$1,500	\$300
Small Non-POTW	\$1,000	\$200
Agriculture	\$1,200	\$240
Surface Mining Operation	\$1,200	\$240
501(a)(3)	\$100	\$20

If this application is for a new project, see the General Instructions for the applicable Construction Permit fee.

A permit application cannot be processed unless the application filing fee and (if applicable) construction permit fee is enclosed. Make your check payable to "Kentucky State Treasurer."

#### VIII. Certification

The permit application must be signed as follows:

Corporation: by a principal executive officer of at least the level of vice president.

Partnership or sole proprietorship: by a general partner or the proprietor respectively.

Municipality, state, federal, or other public agency: by either a principal executive officer or ranking elected official.

#### VIL APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

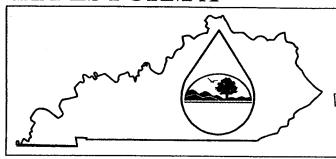
Facility Fee Category:	Filing Fee Enclosed:
MUNICIPAL	NIA

#### VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):		TELEPHONE NUMBER (area code and number):
Eddie MoFford	SupT.	1-606-735-2501
SIGNATURE		DATE:
Eddi Hofford		10-30-2007

# **KPDES FORM A**



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

DEC 2 6 2007

## PERMIT APPLICATION

A complete application consists of this form and Form 1. For additional information, contact KPDES Branch (502) 564-3410.

APPLICATION OVERVIEW	AGENCY USE	0	2	5	D)	3	3
Form A has been developed in a modul		112000		-			

Form A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form A you must complete.

#### **BASIC APPLICATION INFORMATION:**

- A. Basic Application Information for all Applicants. All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd. All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification. All applicants must complete Part C (Certification).

## SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
  - All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
  - 2. Any other industrial user that:
    - Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
    - Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
    - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

PAF	RT.A. BASIC APPLI	CATION INFO	RMATION FOR ALL	APPLICÂNTS:		
ZNA!	edmingavorsnies.	ने को वृत्य है की कर है। इसके की किस्तु	go-7800 in 1917, See	ignscessea <b>n</b> n	(Ballo) Innantario (Ballo)	
A.1.	Facility Information.				To be an income the state of the control of the state of the control of the contr	
	Facility name	CITY OF	BROOKSYIL	1E	(BROOKSVILLE	· Witily)
	Mailing Address		Pos	Bay 216		-
	Contact person			/		79.44
	Title					
	Telephone number		- 606-73	5-2501	•	
	Facility Address	777	POOKS VILLE	: Ku	21004	
	(not P.O. Box)					
A.2.	Applicant Information	on. If the applicar	nt is different from the a	bove provide the	following:	
	Applicant name			, promoc and	g.	
	Mailing Address	····				
	Contact person	•				-
	Title					
	Telephone number	***				
	Is the applicant the o	owner or operato	or (or both) of the trea	tment works?		
	☑ Owner		perator			
		espondence regar	rding this permit should	be directed to the	facility or the applicant.	
	▲ Facility	☐ Ap	pplicant			
A.3.	Existing Environmer works (include state-is	ntal Permits. Prossued permits).	ovide the permit numbe	r of any existing e	nvironmental permits that h	ave been issued to the treatment
	KPDES Ky	0025	232		PSD	
	LIIC				Other	
	RCRA				Other	
<b>A.4</b> .	Collection System In each entity and, if kno etc.).	iformation. Provi wn, provide inform	ide information en mun mation on the type of co	icipalities and are ollection system (d	as served by the facility. Prombined vs. separate) and	ovide the name and population of its ownership (municipal, private,
	Name		Population Served	Type of	Collection System	Ownership
	CITY OF BR	OOKSYINE_	580			<u> </u>
	Total none	ulation served	580			
	iotai popu		300	<del>-</del>		

EVAC APPROXICE EXECUTE SECTION

A.5.	lr	ndian Country.						
	а	. Is the treatment works located in Indian Co	iountry?					
		☐ Yes 💆 No	•					
	b.			er in Indian Country or that	t is upst	tream from	n (and eventual	ly flows
		☐ Yes 🙇 No	<b>o</b>					
A.6.	a	low. Indicate the design flow rate of the treat verage daily flow rate and maximum daily flow ith the 12th month of "this year" occurring no	w rate for each of the last	three years. Each year's a	data mu	i built to ha	andle). Also pr ed on a 12-mor	ovide the oth time period
	a.	. Design flow rate	jd					
			Two Years Ago	Last Year		This Ye	e <u>ar</u>	
	b.	in the same of the		.677			991	_ mgd
	C.	. Maximum daily flow rate	.169	.186			27	_ mgd
<b>A.7</b> .	C	ollection System. Indicate the type(s) of colontribution (by miles) of each.	llection system(s) used by		ck all th	at apply.	Also estimate t	
		Separate sanitary sewer				4	1.3 MILES	% 100 <b>J</b> o
		Combined storm and sanitary sewer	ır				<u>' \)     \</u>	_ % /00 <i>)</i> 0
A.8.	Di	ischarges and Other Disposal Methods.						_ ′0
ruu.								
	a.	Does the treatment works discharge effluer			Ø	Yes		No
		If yes, list how many of each of the following	g types of discharge point	ts the treatment works use	s:			
		i. Discharges of treated effluent						
		ii. Discharges of untreated or partially trea	ated effluent					
		iii. Combined sewer overflow points						
		iv. Constructed emergency overflows (prio	r to the headworks)					****
		v. Other						· · · · · · · · · · · · · · · · · · ·
	b.		nt to basins, ponds, or oth	er surface impoundments				
		that do not have outlets for discharge to war	aters of the U.S.?	of ourious impositions		Yes	×	No
		If yes, provide the following for each surface	a impoundment:					
		Appeal oversee deliberature at a large						
		Annual average daily volume discharged to		mgd				
		Is discharge	intermittent?					
i	c.	Does the treatment works land-apply treated	d wastewater?			Yes	M	M.
		If yes, provide the following for each land ap			<u></u>	100	ובל	No
		Landle						
		Number of across						<del></del>
		Annual average daily volume applied to site:		mgd				
		Is land application	☐ intermittent?	<b>.</b>				
c	d.	Does the treatment works discharge or trans treatment works?	sport treated or untreated	wastewater to another	図	Yes		No

	TRUCK						<del></del>
If transport is by a p	arty other than the app	licant, provide:					
Transporter name:	STEVE	Bowling	moi	1790	MERY	NOR	TheUIT
Mailing Address:		MILTON Rd	<u>c</u>	yNTh.	inn	Ky.	
	BROOKSI	W.E. Ky 41004		****	<u></u>		<del></del>
Contact person:	STEVE	Bowling	mom	Fon	1 ERY	NOR	Theuz1
Title:	OWN	5 R		0	WNER		
Telephone number:	606-70	83-1236	85	9- 5	234-2	016	
	_	s discharge, provide the follow	•				- 6
Name:	MAYSYIA	LE WINT.P	ey	NTh	IANA	WW.	19.
Mailing Address:		06	, g	20.	KY 36 1	UEST	<u> </u>
	2.16 BR	dg E 8Ti	Cy	WILL	iANA K	<del>y</del>	
Contact person:	MAYSYI. Eddie	11t Ky 41050		en/N	x m	En no	TED
Title:		MANAGER		~	_	CHKI	<u> </u>
Telephone number:		564-353T		Sul	234-1		
•		er of the treatment works that	•	•	0204-	1106	·
		e treatment works into the rec	_	<b>.</b>	4660		9/17 N
	daily now rate from the	o additiona works and the rec	civing lacinty.				97. (
Trovide the average			4			15271	No
Does the treatment	works discharge or dispatory	pose of its wastewater in a ma and percolation, well injection)	anner not included in ?		Yes	K	
Does the treatment A.8.a through A.8.d	works discharge or disp above (e.g., undergrou llowing <u>for each dispos</u>	nd percolation, well injection)	anner not included in ?		Yes	<u> AN</u>	
Does the treatment A.8.a through A.8.d If yes, provide the fo	above (e.g., undergrou llowing <u>for each dispos</u>	nd percolation, well injection)	?		Yes	<b>- 5</b> 3	
Does the treatment A.8.a through A.8.d If yes, provide the for Description of metho	above (e.g., undergrou llowing <u>for each dispos</u>	and percolation, well injection) sal method: nd size of site(s) if applicable	?		Yes		

## WASTEWATER DISCHARGES:

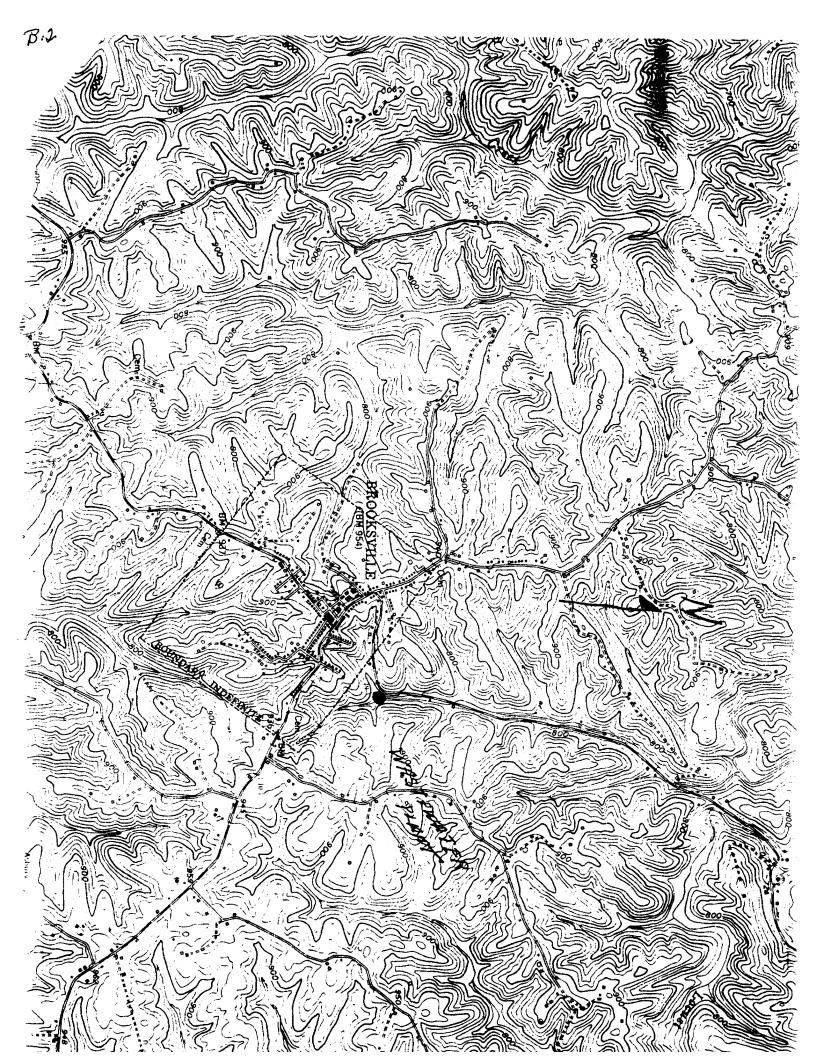
If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information or combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

				13/19/2						
<b>A.9</b> .	De	escription of Outfall.					<del></del>			
	a.	Outfall number	WWTP							
	b.	Location	BROOKSYI	111=				11.0		
		•	(City or town, if applicable)	<u> </u>	·			(Zip Code)	04	
			(0					Ky	1.	
			(County)					(State)		
		-	(Latitude) 411'	06"				(Longitude)	03'	36"
	c.	Distance from shore (if ap	policable)				T.	(LONGRAGE)		
	1						_ ft.			
	d.	Depth below surface (if ap	plicable)				_ ft.			
	e.	Average daily flow rate			.07	Δ	mgd			
						<u> </u>	9u			
1	f.	Does this outfall have eith periodic discharge?	er an intermittent or a							
		periodic discriarge?			Yes	×	No	(go to A.9.g.)		
		If yes, provide the followin	g information:					,		
		Number of times per year	dianhanna							
		Average duration of each			<del></del>		-			
							-			
		Average flow per discharge					_ mgd			
	4	Months in which discharge	occurs:				-			
	<sub>J</sub> . \	Is outfall equipped with a d	liffuser?		Vaa	_				
	/			Ц	Yes		No			
\.10. E	)es	scription of Receiving Wa	tere							
		The state of the s	1613.							
а	۱.	Name of receiving water		CUST	T CI	REE	K			
		N	-			<u></u>			·	
b	•	Name of watershed (if know	<i>w</i> n)							
		United States Soil Conserv	ration Service 14-digit watersh	nad aada	/i6 lon account	١.				
			addit control 14-digit waters:	ieu code	(it known)	<i>:</i> : —				
C.	.	Name of State Managemer	nt/River Basin (if known):							
									<del></del>	
	•	United States Geological Si	urvey 8-digit hydrologic catalo	oging uni	it code (if k	nown):				
d.	. (	Critical low flow of receiving	stream (if applicable):							
		acute		ronic			~	fn		
e.	٦	Total hardness of receiving	stream at critical low flow (if a				c			
		Ü	the second contract to the total to the total to	applicabl	e)			mg/l of CaCO <sub>3</sub>		
•										

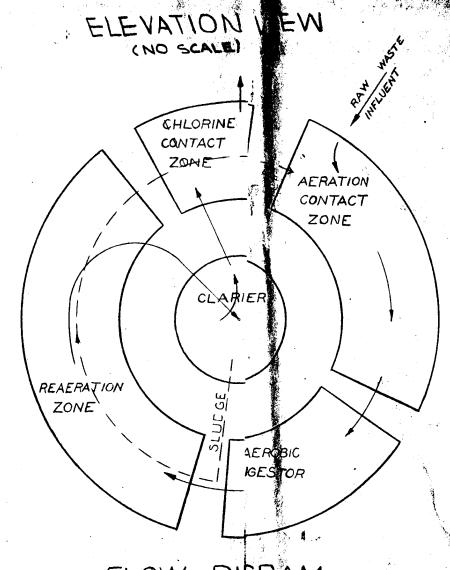
A.11. Description of Tr	eatment.							
a. What levels of	treatment an	e provided? Cl	heck all that a	ipply.				
<b>⊠</b> Prima			] Secondai	•				
☐ Adva	nced		] Other. (	Describe:				
b. Indicate the fo	llowing remov	val rates (as a	oplicable):					
Design BOD	removal <u>or</u> [	Design CBOD <sub>5</sub>	removal			86	<b>5</b> %	
Design SS re	moval					85	- %	
Design P ren							<u> </u>	
-						· · · · · · · · · · · · · · · · · · ·	<del></del>	
Design N ren	novai				-			
Other						· · · · · · · · · · · · · · · · · · ·	<del></del> %	
c. What type of d	lisinfection is	used for the e	ffluent from th	nis outfall? If disi	nfection varie	s by season, <sub>l</sub>	olease describe.	
	CL2						····	
If disinfection i	s by chlorinat	ion, is dechlor	ination used f	or this outfall?		X Yes	□ No	
d. Does the treat	ment plant ha	ive post aerati	on?			X Yes	☐ No	
Outfall number:				- ∄ DAILY VALUE			VERAGE DAIL)	value
			Value	Units	V	alue 🔻	Units	Number of Samples
pH (Minimum)			7.2	s.u.			de a maria de la companya del companya de la companya del companya de la companya	
pH (Maximum)			4,2	s.u.	Carrier.		u wasinga, alalah din S	
Flow Rate			.086	. 086 r	ngD			
Temperature (Winter)			436					
Temperature (Summer) * For pH please rep	ort a minimu	m and a mari	806				****	
POLLUTANT	ruga et kirila et sulta de sele	MAXIMU DISCH	M DAILY		E DAILY DISC	CHARGE	ANALYTICAL METHOD	ML/MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND N	ONCONVENT	TIONAL COMI	POUNDS	<u> </u>				
BIOCHEMICAL OXYGEN	BOD-5	15,6	00	15	M3/1	IWFF	Sm 5210	<del>d</del>
DEMAND (Report one)	CBOD-5			, ,	1/3/2	IWEEK		
FECAL COLIFORM		400	WEEK	10 R	# 100mis	INEEK		
TOTAL SUSPENDED SOLI	DS (TSS)	46.9	WEEK	45	mg/L	I WEEK	EPA 160	
			•.			1 / WEFN	1 4/1/00	<u></u>
REFER TO THE	APPLICA	ATION O	/ERVIEW	ID OF PAR V TO DETE MUST CON	RMINE V	WHICH C	THER PA	RTS OF FORM A

**DEP 7032A** 

Davised Masses and



A4' - 3"



FLOW DIBRAM EXTENDED ERATION

CLIT OF SK

B	S	IC APPLICATION INFORMATION
PA	* 2	EQUAL TO 0.1 MGD (100,000 gallons per day).
All	app	licants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).
B.1	. 1	nflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.
		8-,500 mg D gpd
	В	Briefly explain any steps underway or planned to minimize inflow and infiltration.
	_	CITY IN PROCESS OF GETTING CAMERA & JETTER TO INSPECT
	_	SEWER LINE & REPAIR
B.2	•	<b>opographic Map.</b> Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the ontire area.)
	а	. The area surrounding the treatment plant, including all unit processes.
	b	. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
	C.	and the treatment plant is all section to the treatment plant is all sections to the tr
	d.	. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
	e	. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
	f.	rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.
В.3.	chl	ocess Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all ckup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., lorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily wrates between treatment units. Include a brief narrative description of the diagram.
B.4.	Ор	peration/Maintenance Performed by Contractor(s).
	Are	e any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a ntractor?
	If y	res, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional ges if necessary).
	Na	me:
	Ма	iling Address:
	Tel	lephone Number:
	Res	sponsibilities of Contractor:
	trea	heduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or completed plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the atment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5.
	a.	List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.
1	b.	Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.
		☐ Yes  Ä No
		$\cdot$

c If the answer to B.5.	b is "Yes," briefi	ly describe, inclu	ding new maxin	num daily inflow	rate (if applicab	le).	
d. Provide dates impos applicable. For imp applicable. Indicate	rovements plani	ned independent	ly of local, State	ates of completi , or Federal age	ion for the imple encies, Indicate	mentation steps listed planned or actual com	below, as pletion dates, as
		Schedule	Α	ctual Completion	n		
Implementation Sta	ge	MM / DD / `	YYYY M	M / DD / YYYY			i
- Begin construction	n ·						
- End construction					_		
- Begin discharge					_		
<ul> <li>Attain operational</li> </ul>	level				_		
					<b>.</b>		
e. Have appropriate p	ermits/clearance	es concerning ot	ner Federal/Stat	e requirements	been obtained?	☐ Yes ☐ No	
Describe briefly:							
-							
B.6. EFFLUENT TESTING D	ATA (GREATER	R THAN O.1 MG	D ONLY).				
methods. In addition, t standard methods for a pollutant scans and mu Outfall Number:	nalytes not addi st be no more th	ressed by 40 CF	R Part 136. At a -half years old.	of 40 CFR Part a minimum, efflu GE:DAILY:DISC	uent testing data	appropriate QA/QC rec	quirements for least three
POLLUTANI		ARGE	VALIV	3L DAIL II DIOC	78.83		
	Conc.	Units	Conc.	Units	Number of Samples	ANALYTICAL METHOD	ML / MDL
CONVENTIONAL AND NONC	ONVENTIONA	L COMPOUNDS			<u> </u>		
AMMONIA (as N)	6.3	18CIDAN	1.0	mg/L	/ WEEK	Sm 4500NHS	
CHLORINE (TOTAL RESIDUAL, TRC)	.019	mg/2	2.009	mst	INEEK		
DISSOLVED OXYGEN	9,9	mg/L	7.0	ms/L	IWEEK	SRAD	
TOTAL KJELDAHL NITROGEN (TKN)						V	
NITROGEN (TKN) NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							
				ADTE			
REFER TO THE A	PPLICATION	ON OVERV	END OF P IEW TO D	ETERMIN		OTHER PART	S OF FORM

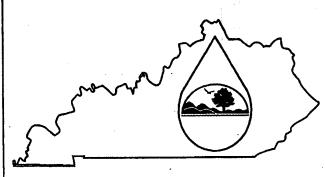
Revised November 2003

BASIC APPLICATION	INFORMATION	
PART C. CERTIFICATION		
applicants must complete all aphave completed and are submit	Certification Section. Refer to instructions to determine who is an officer for the purposes licable sections of Form A, as explained in the Application Overview. Indicate below which g. By signing this certification statement, applicants confirm that they have reviewed For ty for which this application is submitted.	h parts of Form A you
Indicate which parts of I	rm A you have completed and are submitting:	
☑ Basic Application Information	ation packet Supplemental Application Information packet:	
	☐ Part D (Expanded Effluent Testing Data)	
	☐ Part E (Toxicity Testing: Biomonitoring Data)	
	☐ Part F (Industrial User Discharges and RCRA/CERCLA Waste:	<b>\$</b> )
	☐ Part G (Combined Sewer Systems)	
ALL APPLICANTS MUST CO	PLETE THE FOLLOWING CERTIFICATION.	
designed to assure that qualified who manage the system or tho	this document and all attachments were prepared under my direction or supervision in accepersonnel properly gather and evaluate the information submitted. Based on my inquiry of persons directly responsible for gathering the information, the information is, to the best of the lam aware that there are significant penalties for submitting false information, includiblations.	of the person or persons
Name and official title	Eddie MOFFURD Supt.	
Signature _	Eddi Hoffer	ant to the same of
Telephone number	1-606-735-2501	
Date signed	12-18-8007	
Upon request of the permitting treatment works or identify app	uthority, you must submit any other information necessary to assess wastewater treatment priate permitting requirements.	practices at the

## SEND COMPLETED FORMS TO:

Division of Water, KPDES Branch Inventory & Data Management Section Frankfort Office Park 14 Reilly Road Frankfort, Kentucky 40601

For additional information call: (502) 564-2225, extension 465.



# KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

# PERMIT APPLICATION

This is an application to: (check one)	
i ilis is all application to, teneer one)	A complete application consists of this form and one of the
Apply for a new permit.	following:
Apply for reissuance of expiring permit.	Form A, Form B, Form C, Form F, or Short Form C
Apply for a construction permit.	
Modify an existing permit.	For additional information contact:
Give reason for modification under Item II.A.	KPDES Branch (502) 564-3410
	AGENCY 0025232
I. FACILITY LOCATION AND CONTACT INFORMATION	
A. Name of business, municipality, company, etc. requesting permit	
B. Facility Name and Location	C. Facility Owner/Mailing Address
Facility Location Name:	Owner Name:
1	CITY OF BROOKSVILLE  Mailing Street:
BROOKSVILLE ULTILITY Facility Location Address (i.e. street, road, etc.):	Mailing Street:
Ky 19 NOATH LY MILE Facility Location City, State, Zip Code:	PPBW 316 Mailing City, State, Zip Code:
Facility Location City, State, Zip Code:	1
BROOKSVILLE KY 41004	BROUKSVILLE Kg 41004 Telephone Number:
	Telephone Number: 606-735-2501
	006-700 2001
II. FACILITY DESCRIPTION	
A. Provide a brief description of activities, products, etc:	
12. Trondo d'oner assoription et assertation, production, est	
I and the second	,
	•
SANITARY SEWER	
SANITARY SEWER  B. Standard Industrial Classification (SIC) Code and Description	
SANITARY SEWER  B. Standard Industrial Classification (SIC) Code and Description  Principal SIC Code &	
B. Standard Industrial Classification (SIC) Code and Description	10
B. Standard Industrial Classification (SIC) Code and Description Principal SIC Code &	<i>IA</i>
B. Standard Industrial Classification (SIC) Code and Description Principal SIC Code &	<i>/A</i>
B. Standard Industrial Classification (SIC) Code and Description  Principal SIC Code &  Description:	<i>IA</i>
B. Standard Industrial Classification (SIC) Code and Description  Principal SIC Code &  Description:  Other SIC Codes:	<i>/A</i>
B. Standard Industrial Classification (SIC) Code and Description  Principal SIC Code &  Description:  Other SIC Codes:	
B. Standard Industrial Classification (SIC) Code and Description  Principal SIC Code &  Description:  Other SIC Codes:	
B. Standard Industrial Classification (SIC) Code and Description  Principal SIC Code &  Description:  Other SIC Codes:  III. FACILITY LOCATION  A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for B. County where facility is located:  BRACKEN	the site. (See instructions)
B. Standard Industrial Classification (SIC) Code and Description  Principal SIC Code &  Description:  Other SIC Codes:  III. FACILITY LOCATION  A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for B. County where facility is located:  BRACKEN  C. Body of water receiving discharge:	the site. (See instructions)  City where facility is located (if applicable):
B. Standard Industrial Classification (SIC) Code and Description  Principal SIC Code &  Description:  Other SIC Codes:  III. FACILITY LOCATION  A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for B. County where facility is located:  BRACKEN  C. Body of water receiving discharge:	the site. (See instructions)  City where facility is located (if applicable):  EEK
B. Standard Industrial Classification (SIC) Code and Description  Principal SIC Code &  Description:  Other SIC Codes:  III. FACILITY LOCATION  A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for  B. County where facility is located:  BRACKEN  C. Body of water receiving discharge:  Locust CR	the site. (See instructions)  City where facility is located (if applicable):  FEK  Facility Site Longitude (degrees, minutes, seconds):
B. Standard Industrial Classification (SIC) Code and Description  Principal SIC Code &  Description:  Other SIC Codes:  III. FACILITY LOCATION  A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for B. County where facility is located:  BRACKEN  C. Body of water receiving discharge:	the site. (See instructions)  City where facility is located (if applicable):  EEK
B. Standard Industrial Classification (SIC) Code and Description  Principal SIC Code &  Description:  Other SIC Codes:  III. FACILITY LOCATION  A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for B. County where facility is located:  BRACKEN  C. Body of water receiving discharge:  Locust CR  D. Facility Site Latitude (degrees, minutes, seconds):  38° 41' 06"	The site. (See instructions)  City where facility is located (if applicable):  FLE K  Facility Site Longitude (degrees, minutes, seconds):  84° 03' 36"
B. Standard Industrial Classification (SIC) Code and Description  Principal SIC Code &  Description:  Other SIC Codes:  III. FACILITY LOCATION  A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for  B. County where facility is located:  BRACKEN  C. Body of water receiving discharge:  Locust CR	the site. (See instructions)  City where facility is located (if applicable):  FEK  Facility Site Longitude (degrees, minutes, seconds):
B. Standard Industrial Classification (SIC) Code and Description  Principal SIC Code &  Description:  Other SIC Codes:  III. FACILITY LOCATION  A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for B. County where facility is located:  BRACKEN  C. Body of water receiving discharge:  Locust CR  D. Facility Site Latitude (degrees, minutes, seconds):  38° 41' 06"	The site. (See instructions)  City where facility is located (if applicable):  FLE K  Facility Site Longitude (degrees, minutes, seconds):  84° 03' 36"

<i></i>			•
IV. OWNER/OPERATOR INFORMA	TION		
A. Type of Ownership:			
Privately Owned Privately Owned B. Operator Contact Information (See ins	vned State Owned	Both Public and Priv	vate Owned  Federally owned
Name of Treatment Plant Operator:	structions)	Talashana Mamhan	
	POFFORd	Telephone Number:	785-2501
Operator Mailing Address (Street):	. •		744 2201
Operator Mailing Address (City, State, Zip Code):		2/1 1/100/1	,
Is the operator also the owner?	OOKSYILLE,	24 2/1004  Is the operator certified?	If yes, list certification class and number below.
Yes 🗌 No 🔀	·	Yes No	1) S, his continuous class and number below.
Certification Class:		Certification Number:	
CLASS II		<u> </u>	
Confueding that is with the constitution of the con-	The second secon		
V. EXISTING ENVIRONMENTAL PE	ERMITS		
Current NPDES Number:	Issue Date of Current Pe	ermit:	Expiration Date of Current Permit:
We assess	2 000	. 4	•
Number of Times Permit Reissued:	2 - 04 - Date of Original Permit	Tecuance	4-30-2008 Sludge Disposal Permit Number:
	1		
Kentucky DOW Operational Permit #:	5-9- Kentucky DSMRE Perm	/975	NIA
remarks 50 % Operational Former.	Remucky Downer Gui	iit Numoer(s):	
C. Which of the following additional environments			PERMIT NEEDED WITH
CATEGORY	EXISTING PE	ERMIT WITH NO.	PLANNED APPLICATION DATE
Air Emission Source		NA	
Solid or Special Waste	Λ	1/8	
Hazardous Waste - Registration or Permit	4	. I A	
		7.03	
VI. DISCHARGE MONITORING REI	PORTS (DMRs)		
permit). The information in this section set for submitting DMR forms to the Division	rves to specifically iden	ivision of Water on a 1 stify the department, offi	regular schedule (as defined by the KPDES ice or individual you designate as responsible
A. Name of department, office or official s	submitting DMRs:	BROOKSYI	ile UTILITY
B. Address where DMR forms are to be se	ent. (Complete only if ac	dress is different from 1	mailing address in Section I.)
DMR Mailing Name:		+ Meny 11	
DMR Mailing Street:		1 907 NOEL	
DMR Mailing City, State, Zip Code:	MADISON	VILLE, KY.	42431
DMR Official Telephone Number:	1-2	70-821-73	75

## VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category: Municipal Filing Fee Enclosed:

\*\*REISSULANCE DISCHARGE PERMIT\*\*

N/A

## VIII. CERTIFICATION

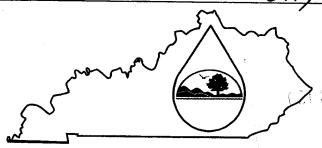
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):		TELEPHONE NUMBER (area code and number):
Eddie MOFFORT	Supli	606-735-2501
SIGNATURE		DATE:
11/ Station		10-30-2007
Eddi Hofford		

NSt original

# **KPDES FORM A**





## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

## PERMIT APPLICATION

A complete application consists of this form and Form 1. For additional information, contact KPDES Branch (502) 564-3410.

APPLICATION OVERVIEW	AGENCY USE	0	0	2	5	2	3	2
		ALM QUALLEYS	TENNING SOUTH	VANCALIMA JASAT	an saiden in sawaka sa	SUPERIOR STATE	20 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del>                                     </del>

Form A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form A you must complete.

## **BASIC APPLICATION INFORMATION:**

- A. Basic Application Information for all Applicants. All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd. All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification. All applicants must complete Part C (Certification).

## SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
  - All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
  - 2. Any other industrial user that:
    - Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
    - Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
    - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

# ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

## Medalicational Veckwarten PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS: All treatment works must complete questions A.1 through A.8 of this Basic Application information to A.1. Facility Information. CITY OF BROOKSVILLE (BROOKSVILLE WT.LITY Facility name P. O Bay 216 Mailing Address Ky. 41004 JEFF MOFFORD Contact person OPERATOR Title 606-735-2501 Telephone number BROOKSVILLE 14. 41004 **Facility Address** (not P.O. Box) A.2. Applicant Information. If the applicant is different from the above, provide the following: Applicant name Mailing Address Contact person Title Telephone number Is the applicant the owner or operator (or both) of the treatment works? ☐ Operator Indicate whether correspondence regarding this permit should be directed to the facility or the applicant. ☐ Applicant Facility A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits). **PSD** UIC Other Other **RCRA** A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.). Ownership Type of Collection System **Population Served** Name CITY OF BROOKSYILLE

<b>A.</b> 5.	`In	dian Country.				
	a.	Is the treatment works located in Indian Country?				
		☐ Yes 💆 No				
	b.	Does the treatment works discharge to a receiving water that is either in Indian Country or that through) Indian Country?	is upsti	ream from	ı (and eventually	/ flows
		☐ Yes 🔼 No				
A.6.	av	ow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the place daily flow rate and maximum daily flow rate for each of the last three years. Each year's centre that the 12th month of "this year" occurring no more than three months prior to this application sub	data mus	built to ha st be base	andie). Also pro ed on a 12-mont	vide the h time period
	a.	Design flow rate mgd				
		Two Years Ago Last Year		This Ye	<u>ar</u>	
	b.	Annual average daily flow rate				mgd
,	C.	Maximum daily flow rate	<del></del>			mgd
A.7.	Co	ollection System. Indicate the type(s) of collection system(s) used by the treatment plant. Checontribution (by miles) of each.	ck all tha	at apply. /	Also estimate th	e percent
		Separate sanitary sewer		47	13 MILES	% 100%
		Combined storm and sanitary sewer			<u>, n 1,117 n</u>	%
AΩ	Di.		•			,-
A.8.	יוט	scharges and Other Disposal Methods.	×			
	a.	Does the treatment works discharge effluent to waters of the U.S.?		Yes	<b>⊷</b> 1	No
		If yes, list how many of each of the following types of discharge points the treatment works use	s:			
		i. Discharges of treated effluent				
		ii. Discharges of untreated or partially treated effluent				
		iii. Combined sewer overflow points				
		iv. Constructed emergency overflows (prior to the headworks)				
		v. Other				
	b.	Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?  If yes, provide the following for each surface impoundment:		Yes	×	No
		Location:				
		Applied average delik volume discharged to a feet a feet and the second to a feet a fe				
		Is discharge  continuous or  intermittent?				
	c.	Does the treatment works land-apply treated wastewater?		Yes	×	No
		If yes, provide the following for each land application site:			•	
		Location:				
		Number of acres:				
		Annual average daily volume applied to site: mgd				
		Is land application ☐ continuous or ☐ intermittent?				
ı	d.	Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?	×	Yes	Ct.	No

If transport is by a part	-		/						
Transporter name:	STEYE	BOWLING		MONTA	OME	RY	1100	PTHO	cut
Mailing Address:									
Contact person:	STEVE	Bowling		M.	NOR	The	uTI	, <u></u>	
Title:		- 10 2 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3							
Telephone number:	606-786	2-1236		859	-23	4-2	2016		
Name:	MAYSYIL	LE WW.T.P.		CYNT	HIAM	V A	พน	TP	<del> </del>
Mailing Address:	MAYSÝIL	LE WW.T.P.		CYNT	HIAN	V A	างห	ŢP.	
	MAYSÝIL	LE WW.T.P.		СУМТ	HIAN	V A	ากุน	TP.	
Mailing Address:  Contact person:	MAYSÝIL	SE WW.T.P.		CYNT	'H IA N	V FI	างห	TP.	
Mailing Address:  Contact person:  Title:						<i>A V A</i>	ZY W	TP.	
Mailing Address:  Contact person: Title: Telephone number:	CPDES permit numb	er of the treatment wor	ks that receive	es this discharg				Mgd L/M	
Mailing Address:  Contact person: Title: Telephone number: If known, provide the k	CPDES permit numbraily flow rate from the	er of the treatment wor e treatment works into pose of its wastewater	ks that receive the receiving f	es this discharg			o g n.	mgd Lim	No
Mailing Address:  Contact person: Title: Telephone number: If known, provide the k Provide the average day	CPDES permit numberally flow rate from the orks discharge or dispove (e.g., undergrou	er of the treatment wor e treatment works into pose of its wastewater and percolation, well inj	ks that receive the receiving f	es this discharg	e.	<u></u>			No

## **WASTEWATER DISCHARGES:**

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

4.9. D	escription of Outfall.			
a.	. Outfall number WWTP.	_		
b.	. Location BROKSY/11/15 (City or town, if applicable)	Manusian and a second a second and a second	41004 (Zip Code)	
	BRACKEN (County) 41' 06	6"	(State) // (STate) // (STate)	36"
c.	(Lautude)		(Longitude)	
	•		_ ft.	
d.	Depth below surface (if applicable)		_ ft.	
e.	Average daily flow rate	.670	_ mgd	
f.	Does this outfall have either an intermittent or a periodic discharge?	☐ Yes 💆	No (go to A.9.g.)	
	If yes, provide the following information:			
	Number of times per year discharge occurs:			
	Average duration of each discharge:		<u>,</u>	
	Average flow per discharge:		_ mgd	
	Months in which discharge occurs:		· -	
g.	Is outfall equipped with a diffuser?	☐ Yes ☐	No	
.10. De	escription of Receiving Waters.			
a.	Name of receiving water Locus	T CREEK		
b.	Name of watershed (if known)			
	United States Soil Conservation Service 14-digit watershe	ed code (if known): _		
C.	Name of State Management/River Basin (if known):			
	United States Geological Survey 8-digit hydrologic catalog	ging unit code (if known):		
d.	Critical low flow of receiving stream (if applicable): acute cfs chr	aronic	cfs	
e.	Total hardness of receiving stream at critical low flow (if a			

A.11. De:	scription of Tr	eatment.						<del> </del>		
a.	What levels of	treatment a	re provided? (	Check all that a	pply.					
ļ	🛛 Prima	ary	i	Secondar	y					
	☐ Adva	nced	1	☐ Other. □	Describe:	·			-	
b.	Indicate the fo	llowing remo	val rates (as	applicable):						
	Design BOD,	removal <u>or</u>	Design CBOD	) <sub>removal</sub>			85		%	
	·			5		<del></del>	C11	<u></u>		
ļ. 1	Design SS re	moval				*******	85	<u> </u>	%	
	Design P rem	noval							%	
	Design N ren	noval					,		%	
	Other								%	
c.	What type of d	isinfection is	used for the	effluent from th	is outfall? If disi	nfection varies	s by season in	lease des	oribo	
	Ch		4004 101 1110	omacht nom th	o outain: 11 disi	inection valles	s by season, p	nease des	cnbe.	
		<del></del>	tion in dealth						<del></del>	
				prination used fo	or this outrail?		⊠ Yes	Ц _	No	
. u.	Does the treat	ment plant n	ave post aera	tion?			X Yes		No	
Out	fall number:	METER		MAXIMUN	- I DAILY VALUE		۵۱	/ERAGE I	DAILVA	<b>A</b> ITIE
				Value	Units		/alue	Unit		Number of Samples
								O) III		rumber of Samples
pH (Minim				7.2	s.u.			597		
pH (Maxir Flow Rate				7.5	s.u.	_				
1	ure (Winter)			NA	.0861 NA	ngu			, <u>,</u>	
	ure (Summer)	<del></del>		NA	MA					
	or pH please rep	oort a minimu	2007/3607/36A/11/41/1700786	imum daily valu	ie		L	I Secondary	VI Sebas to take a	
	POLLUTANT			UM DAILY HARGE	AVERAG	E DAILY DIS	CHARGE	ANALY METI		ML/MDL
			Conc.	Units	Conc.	Units	Number of Samples			
CONVENT	IONAL AND N	ONCONVEN	TIONAL CON	IPOUNDS.						
віоснемі	CAL OXYGEN	BOD-5	15.6	PORTDA	15.	mg/L	INVEEK	5m 56	2108	
DEMAND (I	Report one)	CBOD-5				<u> </u>	I/WEEK	SM 92	11D	
FECAL CO	LIFORM		NOO	WEEK	104	#100mis	I/ WEEK	SM 42	127	
TOTAL SUS	SPENDED SOLI	DS (TSS)	46.9	WEEK	45	mg/L	1/wEFK	EPA 1	602	
REFEF	R TO THE	APPLIC	ATION C	VERVIEW	ID OF PAR V TO DETE MUST COM	ERMINE	WHICH C	THER	PAR	TS OF FORM A

BASIC APPLICATION INFORMATION	
PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN	OR .
EQUAL TO 0.1 MGD (190,000 gallons per day).  All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).	
B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltra \$\frac{D}{2} = 500 \text{ mg D}\$ gpd	tion.
•	
Briefly explain any steps underway or planned to minimize inflow and infiltration.	
AND REPAIR	Pipe
THING DE LANGE	
B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property bound This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not entire area.)  STATC Should have All MAPS ON FILE	idaries. ot show the
The area surrounding the treatment plant, including all unit processes.	
b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.	jh which
c. Each well where wastewater from the treatment plant is injected underground.	
d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the tr works, and 2) listed in public record or otherwise known to the applicant.	eatment
e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.  f. If the treatment works receives waste that is classified as because the Beauty of the Beauty	
rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and disposed	by truck, or
CITY HAS OHM. MANUALS VOL 1-2-3-4	
3.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping a backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximation rates between treatment units. Include a brief narrative description of the diagram.	
3.4. Operation/Maintenance Performed by Contractor(s).	
Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsib contractor?	
If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach adpages if necessary).	ditional
Name:	
Mailing Address:	•
	•
Telephone Number:	
Responsibilities of Contractor:	
5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works treatment works has several different implementation schedules or is planning several improvements, submit separate responses to que for each. (If none, go to question B.6.)	. 16 ().
a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.	
b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.	
☐ Yes   X No	

	If the answer to B.5	i.b is "Yes," briefl	y describe, includ	ding new maxi	mum daily inflov	v rate (if applicat	ole).	
d.		provements plant	ned independentl	y of local, Stat			mentation steps listed planned or actual com	
			Schedule	P	Actual Completic	on		
	Implementation Sta	ige	MM / DD / Y	YYY N	MM / DD / YYYY	•		
	- Begin constructio	n				_		
	- End construction					_		
	<ul> <li>Begin discharge</li> </ul>					<b>⊷</b>		
	<ul> <li>Attain operationa</li> </ul>	level				_		
e.	Have appropriate p Describe briefly:		es concerning oth		-		☐ Yes ☐ No	
sev me sta po	wer overflows in this ethods. In addition, t	section. All info his data must co nalytes not addre	rmation reported mply with QA/QC essed by 40 CFF	must be base crequirements R Part 136. At	d on data collect s of 40 CFR Part a minimum, effl	ted through anal	t include information o ysis conducted using a appropriate QA/QC rec a must be based on at	40 CFR Part 136 quirements for
P	OLLUTANT	MAXIMU DISCH	77 CARTO MATRO 600 CORT TO A TO SEE SO	AVERA	GE DAILY DISC	CHARGE		
				The state of the s				
		Conc.	Units	Conc.	Units	Number of Samples	ANALYTICAL METHOD	ML / MDL
CONVEN	ITIONAL AND NON				Units	the Date Stability that will be to	我们的 网络阿拉斯的复数过滤器 化氯化氯甲酚 化二氯酚酚 化二氯酚	ML / MDL
CONVEN AMMONI		CONVENTIONAL				Samples	METHOD	ML / MDL
AMMONI	IA (as N) NE (TOTAL		_ COMPOUNDS.		Mg/L  Mg/L	Samples	我们的 网络阿拉斯的复数过滤器 化氯化氯甲酚 化二氯酚酚 化二氯酚	ML / MDL
AMMONI CHLORIN RESIDUA	IA (as N) NE (TOTAL	CONVENTIONAL	_ COMPOUNDS.	1.0	Mg/L Mg/L	Samples	METHOD Sm4500 N H 3	ML / MDL
AMMONI CHLORIN RESIDUA DISSOLV	IA (as N) NE (TOTAL AL, TRC) VED OXYGEN (JELDAHL	CONVENTIONAL	_ COMPOUNDS.	1.0 ,019 4.0	M3/L	Samples    NWEEK   MWEEK	SM4500NH3 GRAB	ML / MDL
AMMONI CHLORIN RESIDUA DISSOLV TOTAL K NITROGI	IA (as N)  NE (TOTAL AL, TRC)  VED OXYGEN  (JELDAHL EN (TKN) E PLUS NITRITE	CONVENTIONAL	_ COMPOUNDS.	1.0 .019 4.0 N/A	Mg/L Mg/L	Samples    NWEEK   MWEEK	SM4500NH3 gravo	ML / MDL
AMMONI CHLORIN RESIDUA DISSOLV TOTAL K NITROGI	IA (as N)  NE (TOTAL AL, TRC)  /ED OXYGEN  (JELDAHL EN (TKN) E PLUS NITRITE EN	CONVENTIONAL	_ COMPOUNDS.	1.0 ,019 4.0	Mg/L Mg/L	Samples    NWEEK   MWEEK	SM4500NH3 gravo	ML / MDL
AMMONI CHLORIN RESIDUA DISSOLV TOTAL K NITROGI NITRATE NITROGI OIL and (	IA (as N)  NE (TOTAL AL, TRC)  /ED OXYGEN  (JELDAHL EN (TKN) E PLUS NITRITE EN	CONVENTIONAL	_ COMPOUNDS.	1.0 .019 4.0 N/A	Mg/L Mg/L	Samples    NWEEK   MWEEK	SM4500NH3 gravo	ML / MDL
AMMONI CHLORIN RESIDUA DISSOLA TOTAL K NITROGI NITRATE NITROGI OIL and ( PHOSPI-	IA (as N)  NE (TOTAL AL, TRC)  /ED OXYGEN  (JELDAHL EN (TKN) E PLUS NITRITE EN  GREASE HORUS (Total)	CONVENTIONAL	_ COMPOUNDS.	1.0 .019 4.0 N/A	Mg/L Mg/L	Samples    NWEEK   MWEEK	SM4500NH3 gravo	ME / MDL

A YOU MUST COMPLETE

BASIC APPLICATI	ON INFORMATION	
PART C. CERTIFICATIO		
have completed and are sub	he Certification Section. Refer to instructions to determine who is an officer for the purposes of this certific applicable sections of Form A, as explained in the Application Overview. Indicate below which parts of Form itting. By signing this certification statement, applicants confirm that they have reviewed Form A and have icility for which this application is submitted.	
Indicate which parts o	Form A you have completed and are submitting:	
☑ Basic Application Interest	rmation packet Supplemental Application Information packet:	
	☐ Part D (Expanded Effluent Testing Data)	
	☐ Part E (Toxicity Testing: Biomonitoring Data)	
	☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)	
	☐ Part G (Combined Sewer Systems)	
mino manage are system of th	ed personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or se persons directly responsible for gathering the information, the information is, to the best of my knowledge plete. I am aware that there are significant penalties for submitting false information, including the possibility violations.	
Name and official title	Eddie MOFFORd Supt.	
Signature	Edder Toffeel	
Telephone number	606-735-2501	
Date signed	10-30-2007	
Upon request of the permitting treatment works or identify app	authority, you must submit any other information necessary to assess wastewater treatment practices at the opriate permitting requirements.	е

## SEND COMPLETED FORMS TO:

Division of Water, KPDES Branch Inventory & Data Management Section Frankfort Office Park 14 Reilly Road Frankfort, Kentucky 40601

For additional information call: (502) 564-2225, extension 465.

SUPPLEMENTAL APPLICATION INFORMATION
PART D. EXPANDED EFFLUENT TESTING DATA
Refer to the directions on the cover page to determine whether this section applies to the treatment works.
Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.
Outfall number: (Complete once for each outfall discharging effluent to waters of the United States.)

DAILY DISCHARGE		ML/ MDL
Mass Units Number of Samples	ANALYTICAL METHOD	
	·	
·		
		<u> </u>
	·	·
		·
it writer.		
	it writer.	it writer.